



December 21, 2007

Submitted Electronically

To: CON Quality Measure Proposal

From: Michigan County Medical Care Facilities Council MCMCFC)
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Thank you for opportunity to provide an alternative proposal to the proposed CON Quality Measures for review by the workgroup. MCMCFC is supporting many of the measures established by the NHSAC and accepted by the Commission. We are proposing to change the measures that rely on the survey process and the chain organization relationship.

MCMCFC is proposing to change the use of twice the state average to those currently listed as a Special Focus Facility and have a poor customer satisfaction based on a national survey. This would keep the intent of the CON Commission in place with including survey as part of the quality measures and provides for a customer viewpoint. MCMCFC believes the best measure of quality comes from the customer – residents or their families on their behalf.

MCMCFC is also deleting the survey language regarding staffing citations and those for repeat citations at harm or substandard quality of care.

MCMCFC would like to change the chain organization relationship criteria to allow those with 10 or less facilities to have one exclusion and all chains greater than 10 are limited to the 14%.

The following is our best draft of the revised CON language incorporating our proposed changes:

- (A) At the time of application, the applicant and all nursing homes/HLTCU under common ownership or control in Michigan and/or in other states shall provide a report demonstrating that it does not meet the following conditions. For chain organizations, the applicant shall provide a report demonstrating that it does not meet the following conditions in more than one of its nursing homes/HLTCU if it is a chain organization with 10 or less

nursing homes/HLTCU or 14% or more of its nursing homes/HLTCU if it is a chain organization with more than 10 nursing homes/HLTCU:

- I. A state enforcement action resulting in a license revocation, reduced license capacity, or receivership within the last three years, or from the change of ownership date if the facility has come under common ownership or control within 24 months of the date of application.
 - II. A filing for bankruptcy within the last three years, or from the change of ownership date if the facility has come under common ownership or control within 24 months of the application.
 - III. Termination of a medical assistance provider agreement initiated by the Department or licensing and certification agency in another state, within the last three years, or from the change of ownership or control within 24 months of the date of the application.
 - IV. Currently listed as a Special Focus Facility in Michigan or any other state and the Special Focus Facility in Michigan or in any other state has a poor consumer satisfaction survey outcomes, as identified by an average score in overall satisfaction (with rankings of good and excellent) of less than (a number to be determined by the workgroup), using a specified nationally recognized survey tool, within the past 12 months.
 - V. Outstanding debt obligation to the state of Michigan for quality assurance assessment program or civil monetary penalties.
- (B) The applicant certifies that the requirements found in the minimum design standards for health care facility of Michigan, referenced in Section 20145(6) of the Public Health code, Act 368 of 1978, as amended, and are published by the Department, will be met when the architectural blueprints are submitted for review and approval by the Department.
- (C) The applicant also certifies that a plan of correction for cited state or federal code deficiencies at the health facility, if any, has been submitted and approved by the Bureau of Health systems within the Department. Code deficiencies include any unresolved deficiencies still outstanding with the department.

If you have any questions about our proposal please contact me by email at: renee@mcmcf.org or call 517-371-5303.